Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

2003 - 1385A

		_	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY													
TOTAL CLAIMS			37					RATE	FEE		RATE	FEE							
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00							
TOT	TAL CHARGEAE	37 mini	3 7 minus 20=		* 17		X\$ 9=		OR	X\$18=									
INDI	EPENDENT CLA	AIMS	5 min	us 3 =	* 2			X42=		OR	X84=	168							
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=								
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL		OR	TOTAL								
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL								
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER NOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=								
	Independent	*	Minus	***		=		X42=		OR	X84=								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=								
	123313337							TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE								
	12	(Column 1)		(Col	umn 2)	(Column 3)		ADDII.1 EE		-									
NT B		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	MEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=								
AMENDMENT	Independent	*	Minus	***		=		X42=		OR	X84=								
	FIRST PRESE	NTATION OF M	MULTIPLE DE	PENDE	NI CLAIN		j	+140=		OR	+280=								
								TOTAL ADDIT. FEE		OR	TOTA ADDIT. FE								
(Column 1) (Column 2) (Column 3)																			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		HI NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
N N	Total	*	Minus	**		=		X\$ 9=		OF	X\$18=								
Z E	Independent	*	Minus	***		=	1	X42=		OF	X84=								
	FIRST PRES	ENTATION OF	MULTIPLE DE	PENDE	NT CLAI	М	L	+140=		OF									
* If the cotty is column 1 is less than the entry in column 2, write "0" in column 3.										OF	TOTA	T -							
,		Lumbar Description	, Doid Ear" IN T	DIG GDA	:- IC IACC I	nan 3 enter 3.		**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the high st number found in the appropriate box in column 1.											